

PARENT / GUARDIAN QUESTIONNAIRE

Dear Parent, **For the accuracy of our project, we hope that you will answer all questions. However, you may skip any question(s) that you do not wish to answer. Please answer all questions honestly.** For questions that require a written response, please print as clearly as possible and place only one letter or number in each box. For questions that require you to select one (or more) response(s), please place an "X" in the box of the response(s) that best represent your answer. In most cases you will only mark one box per question unless specifically instructed otherwise. **Your answers will be kept strictly confidential. We will not discuss the information you provide with anyone. Your questionnaire will be assigned an ID number as soon as we receive it. We will then remove the top page containing personal information so that your answers are not linked with your name. Thank you for all your help!**

What is your name?

First name _____
Middle name or initial _____
Last name _____

What is your child's name?

First name _____
Middle name or initial _____
Last name _____

What is your:

House or building number _____
Street Name _____
Apartment number _____
Town/City _____
State _____
Zip code _____
Phone number (area code first) _____

Name of your child's school: _____

If your child is involved in a 4-H program, what is the name of the program?

PLEASE NOTE....Your answers will be kept strictly confidential and will NOT be linked to your personal information.

This page will be removed from the rest of the survey prior to processing.

Marking Instructions

For each question, please place an "X" in the box of the response or responses that best represent your answer. Please do not use a check mark, single line, dash or other mark.

In most cases, you will only mark one box per question unless specifically instructed to mark all that apply.

For questions that require a written response, please print as clearly as possible. For written responses that have multiple boxes, please place only one letter in each box.

ABOUT YOU

1. What is your relationship to the student in the 4-H study?

- ☐ Mother
- ☐ Stepmother
- ☐ Father
- ☐ Stepfather
- ☐ Grandparent
- ☐ Foster parent
- ☐ Adoptive parent
- ☐ Other
(specify) _____

2. What year were you born?

3. Your sex:

- ☐ Male
- ☐ Female

4. What is your CURRENT marital status?

- ☐ Single (never married)
- ☐ Married
- ☐ Cohabiting (not married)
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

5. What is your race/ethnicity?

- ☐ Asian, Asian American or Pacific Islander, including Chinese, Japanese and others
- ☐ Black or African American
- ☐ Hispanic or Latino/a, including Mexican American, Central American, and others
- ☐ White, Caucasian, Anglo, European American; not Hispanic
- ☐ American Indian/Native American
- ☐ Multiethnic or multiracial (more than one race or ethnicity, please specify below)
- ☐ Other (write in): _____

6. What is the HIGHEST level of education you have completed?

- ☐ 8th grade or less
- ☐ Some high school
- ☐ High school diploma / G.E.D.
- ☐ Trade / vocational school
- ☐ Some college
- ☐ 2-year college - Associate's degree
- ☐ 4-year college - Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral / Professional degree
- ☐ Not sure

7. If you are not the mother of the child, what is the HIGHEST level of education the mother has completed?

- ☐ 8th grade or less
- ☐ Some high school
- ☐ High school diploma / G.E.D.
- ☐ Trade / vocational school
- ☐ Some college
- ☐ 2-year college - Associate's degree
- ☐ 4-year college - Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral / Professional degree
- ☐ Not sure

8. Have you enjoyed general good health in the past year?

- ☐ No
- ☐ Yes

9. **What is your religion?**

- | | |
|--|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Protestant (Baptist, Methodist, etc.) | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | (please specify) |
| <input type="checkbox"/> Buddhist | |

10. **What is the first language you learned to speak when you were a child?**

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ French
- ☐ Other Languages
(please specify)

11. **What language(s) do you usually (you can check more than one for each question)**

	English	Spanish	French	Chinese	Other
1. Feel comfortable using?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speak at home (e.g., with your parents, grandparents, siblings?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use for talking to your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use when you talk or think to yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. **How well do you:**

	Not at all	Not well	Well	Very Well
1. Understand Spoken English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Read English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. **Are you a member of your child's school Parent-Teacher Organization?**

☐ No ☐ Yes

14. **Do you volunteer at your child's school?**

☐ No ☐ Yes

15. **How frequently do you attend events at your child's school when they are offered?**

☐ Never ☐ Sometimes
☐ Rarely ☐ Often

16. **How long have you lived in the United States?**

☐ All my life ☐ 10-14 years
☐ 20 or more years ☐ 5-9 years
☐ 15-19 years ☐ 1-4 years

17. **Where was your child born?**

☐ United States
☐ Outside the United States

If not in the U.S., which country or region?

18. How important is each of the following to you in your life?

	Not Important	Somewhat Important	Not Sure	Quite Important	Extremely Important
1. Helping other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Helping to make the world a better place to live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Giving time and money to make life better for other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Helping to reduce hunger and poverty in the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Helping to make sure all people are treated fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Speaking up for equality (everyone should have the same rights and opportunities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Respecting the values and beliefs of people who are of a different race or culture than I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Knowing a lot about people of other races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Enjoying being with people who are of a different race than I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOUR PARTICIPATING CHILD

19. **What month was your child born?**

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

20. **What day was your child born?**

21. **What year was your child born?**

22. **What is the birth order of your child?**

- | | |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> First | <input type="checkbox"/> Last |
| <input type="checkbox"/> Middle | <input type="checkbox"/> Only child |

23. **How tall is your child?**

Feet _____

Inches _____

24. **How much does your child weigh?**

In Pounds _____

25. **What is your child's race/ethnicity?**

- ☐ Asian, Asian American or Pacific Islander, including Chinese, Japanese and others
- ☐ Black or African American
- ☐ Hispanic or Latino/a, including Mexican American, Central American, and others
- ☐ White, Caucasian, Anglo, European American; not Hispanic
- ☐ American Indian/Native American
- ☐ Multiethnic or multiracial (more than one race or ethnicity, please specify below)
- ☐ Other (write in below)

26 . **What is your child's religion?**

- ☐ None
- ☐ Protestant (Baptist, Methodist, etc.)
- ☐ Catholic
- ☐ Jewish
- ☐ Buddhist
- ☐ Hindu
- ☐ Muslim
- ☐ Other

(please specify)

27 . **How many hours of sleep per night does your child get (on average)?**

- ☐ Less than 4 hours
- ☐ 4-5 hours
- ☐ 6-7 hours
- ☐ 8-9 hours
- ☐ 10 or more hours

28 . **How can you tell if an adolescent is thriving or doing really well in all areas of his/her life? In your opinion, what is he or she like, what sort of things does he or she do?**

29 . **Ideally, how much education would you want your child (who is in this study) to complete?**

- ☐ 8th grade or less
- ☐ Some high school
- ☐ High school diploma / G.E.D.
- ☐ Trade or vocational school
- ☐ 2-year college – Associate degree
- ☐ 4-year college – Bachelor degree
- ☐ Degree after college
- ☐ Not sure

30 . **As things stand now, how much education do you expect your child (who is in this study) to complete?**

- ☐ 8th grade or less
- ☐ Some high school
- ☐ High school diploma / G.E.D.
- ☐ Trade or vocational school
- ☐ 2-year college – Associate degree
- ☐ 4-year college – Bachelor degree
- ☐ Degree after college
- ☐ Not sure

31 . **What helps or stands in the way of the continuing education of your child (who is in this study)? How?**

PLEASE CHECK THE BOX THAT APPLIES TO YOU FOR EACH ITEM

32 .

	Never	Sometimes	Usually	Always
1. Do you make rules which take your child's individual needs into consideration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you drop a rule if your child objects to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you let your child go to bed whenever he/she feels like it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you give your child a chance to explain his/her side before punishing him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you check the ratings before allowing your child to see or rent a movie?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you explain the reasons for the rules you make?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you try to help your child control his or her anger when there are arguments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you think a good spanking is sometimes needed to make your child understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you let your child eat whatever he/she feels like eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you make sure your child obeys you the first time you say something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you let your child watch whatever TV shows he/she wants to watch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you expect your child to obey you without any questions asked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you think it is important to teach your child respect for the rights of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you think your child will grow up just fine if they usually get their own way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you select chores for your child that he/she will be able to do without much difficulty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you allow your child to see any movie he or she wants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Sometimes	Usually	Always
17. Do you say something positive to your child when he/she does something you like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you allow your child to express any angry feeling he or she has towards you freely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you expect your child to do a good many of the chores around the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you want your child to question rules that seem unfair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you spank your child when he or she does something really wrong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you try to show that you understand your child's feelings when punishing him/her for misbehaving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you let your child decide his/her daily schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I avoid dealing with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I don't think I can change my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have so much on my mind, that I don't have much time for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I generally know what my child is doing even when I'm not there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I know most of my child's friends and playmates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I don't talk with my child very much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I feel very involved in my child's life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33 . **To what extent have you ever felt concerned:**

	Not at all concerned				Very concerned
	1	2	3	4	5
...about your son/daughter's weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...about your son/daughter/s eating behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...about your son/daughter's exercise patterns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...that your son/daughter may have an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34 . **How much emphasis do you believe your child places on weight as important to his/her self-worth?**

None				Very Strong	
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

35 . **To your knowledge, has your son/daughter ever:**

- ☐ Been on a diet?
- ☐ Watched his/her calorie intake?

36 . **Do you feel that your child is:**

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ Normal weight
- ☐ slightly overweight
- ☐ Very overweight

37 . **Have you ever expressed concern to your son/daughter about his/her weight?**

- ☐ Yes
- ☐ No

38 . **Have you ever expressed concern to your son/daughter about his/her eating behaviors?**

- ☐ Yes
- ☐ No

ABOUT YOUR HOUSEHOLD

39 . How many children live with you?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> One | <input type="checkbox"/> Five |
| <input type="checkbox"/> Two | <input type="checkbox"/> Six |
| <input type="checkbox"/> Three | <input type="checkbox"/> Seven or more |
| <input type="checkbox"/> Four | |

40 . How many adults live with you?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> One | <input type="checkbox"/> Five |
| <input type="checkbox"/> Two | <input type="checkbox"/> Six |
| <input type="checkbox"/> Three | <input type="checkbox"/> Seven or more |
| <input type="checkbox"/> Four | |

41 . How important is religion in your family life?

- ☐ Not important
- ☐ Somewhat important
- ☐ Important
- ☐ Very Important

42 . In your home, does your family have (please mark all that apply)?

- ☐ A computer
- ☐ A variety of books
- ☐ Encyclopedias
- ☐ Magazine subscriptions
- ☐ A car
- ☐ Access to the internet

43 . Does your family rent or own your apartment / house?

- ☐ Rent
- ☐ Own

44 . **What is your household's approximate total level of income?**

- | | |
|--|--|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> \$80,000 - \$94,999 |
| <input type="checkbox"/> \$5,000 - \$14,999 | <input type="checkbox"/> \$95,000 - \$109,999 |
| <input type="checkbox"/> \$15,000 - \$24,999 | <input type="checkbox"/> \$110,000 - \$124,999 |
| <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$125,000 - \$139,999 |
| <input type="checkbox"/> \$35,000 - \$44,999 | <input type="checkbox"/> \$140,000 - \$154,999 |
| <input type="checkbox"/> \$45,000 - \$54,999 | <input type="checkbox"/> \$155,000 - \$174,999 |
| <input type="checkbox"/> \$55,000 - \$64,999 | <input type="checkbox"/> \$175,000 - \$199,999 |
| <input type="checkbox"/> \$65,000 - \$79,999 | <input type="checkbox"/> \$200,000 or more |

45 . **Are you currently employed?**

- ☐ No
- ☐ Work part-time
- ☐ Work full-time

Occupation (please specify):

46 . **Are any other adults in the house currently employed?**

- ☐ No
- ☐ Yes

(If yes, please describe below who they are and the nature of their work. If there are no other adults in your house, please move on to question #47.)

Job status of other employed adult.

- ☐ Part-time
- ☐ Full-time

Occupation

Person's relationship to child

Job status of other employed adult.

- ☐ Part-time
- ☐ Full-time

Occupation

Person's relationship to child

ABOUT YOUR NEIGHBORHOOD / COMMUNITY

What is it like to live in your neighborhood or community? Many neighborhoods and communities are different (e.g., some are urban, some are rural). We ask you to consider your neighborhood / community as the local area where you conduct your everyday lives. Your neighborhood may include places that are convenient for you to shop, nearby religious or public institutions, or a local business district.

47 . Does your neighborhood / community have a name?

☐ No

☐ Yes

If yes, what is it called?

48 . About how long have you lived in your current neighborhood / community?

☐ Less than one year

☐ 5-6 years

☐ 1-2 years

☐ More than 6 years

☐ 3-4 years

49 . On the whole, how much do you like or dislike your neighborhood / community?

☐ Dislike a lot

☐ Like a little

☐ Dislike a little

☐ Like a lot

☐ Neither dislike nor like

50 . Why?

51 . **How strongly do you agree that...**

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. People around here are willing to help neighbors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This is a close-knit neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People in this neighborhood can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. People in this neighborhood generally do not get along with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. People in this neighborhood do not share the same values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Parents in this neighborhood know their children's friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adults in this neighborhood know who the local children are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. There are adults in this neighborhood that children can look up to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Parents in this neighborhood generally know each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52 . **How likely is it that your neighbors could be counted on to take action if...**

	Very Unlikely	Unlikely	Neither Likely nor Unlikely	Likely	Very Likely
1. Children were skipping school or hanging out on the street corner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Children were painting graffiti on a local building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children were showing disrespect to an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A fight broke out in front of their house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The fire station closest to home was threatened with budget cuts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53 . **How often do you and your neighbors...**

	Never	Rarely	Sometimes	Often
1. Do favors for each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have parties or other get-togethers where other people in the neighborhood are invited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Watch over the property of a neighbor who is not home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visit in each other's homes or on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ask each other advice about personal things such as childrearing or job openings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Supervise each other's children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54 . Does your neighborhood / community have a(n)?

	No	Yes	Don't Know	Please mark if you or your child uses this resource
1. School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
2. Park, playground, athletic field or open space within walking distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
3. Church, synagogue, mosque, or other place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
4. Out of school recreation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
5. Community newspaper, newsletter, or bulletin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
6. Neighborhood association, block group, tenant association, or community council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
7. Citizens advocacy group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
8. Coalition for youth development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
9. Neighborhood watch group or crime prevention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
10. Co-operative (food, business, farming, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
11. Civic groups (e.g., Masons, Elks, Rotary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
12. Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
13. Hospital or health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
14. Museum or historical site, cultural attraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
15. Police station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
16. Fire station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
17. Local offices for state or federal congress persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
18. Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
19. Youth center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
20. Community center / neighborhood center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
21. Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
22. Grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
23. Restaurant (not fast food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
24. Non-chain restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
25. Bookstore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
26. Other resource you find important:				
<i>please describe</i> _____				

55 . **Does anything prevent you from using the resources and services or engaging in the opportunities in your neighborhood / community? Check all that apply.**

- ☐ Don't have time
- ☐ Transportation
- ☐ Hours of operation
- ☐ Don't feel welcome
- ☐ Safety
- ☐ Financial resources
- ☐ Other

(please specify)

We are interested in your assessment of some of your child's behaviors, skills and beliefs. Please indicate below your level of agreement with the following statements.

56 . **My child has the skills to succeed in school, in social situations with friends and adults, in play, and at home. My child knows how to behave and does what is needed to do well.**

Strongly Agree Agree Not Sure Disagree Strongly Disagree

☐ ☐ ☐ ☐ ☐

57 . **My child believes that he/she can succeed and do what is needed to do well in the family, in school, in social situations with friends and adults, in play and in other areas that are important to him/her (for example, sports, music, religious activities).**

Strongly Agree Agree Not Sure Disagree Strongly Disagree

☐ ☐ ☐ ☐ ☐

- 58 . **My child has positive relationships with his/her parents, siblings, and other family members, and with friends, teachers, coaches, or mentors.**

Strongly Agree Agree Not Sure Disagree Strongly Disagree

☐ ☐ ☐ ☐ ☐

- 59 . **My child knows what is "right and wrong" and "does the right thing." My child is open to others' perspectives and believes in social justice for all. My child is honest.**

Strongly Agree Agree Not Sure Disagree Strongly Disagree

☐ ☐ ☐ ☐ ☐

- 60 . **My child cares about other people. He or she is concerned about whether others have what they need (shows sympathy) and shows a sense of compassion (empathy). My child is both sympathetic and empathetic to others.**

Strongly Agree Agree Not Sure Disagree Strongly Disagree

☐ ☐ ☐ ☐ ☐

- 61 . **My child tries to do things to help the family, to help neighbors, and to help the community. My child tries to also help himself/herself by staying healthy (eating right, exercising, getting enough sleep).**

Strongly Agree Agree Not Sure Disagree Strongly Disagree

☐ ☐ ☐ ☐ ☐

Thank you!

Please DO NOT FOLD this survey!

Please return the survey using the large, self-addressed, stamped manila envelope included in this packet.

The 4-H Longitudinal Study of Positive Youth Development
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